

EXHIBIT 15



**Exhibit
0033**

9/30/2021
Dr. Lappert

Transgender Surgery & Christian Anthropology



Deacon Patrick W. Lappert, MD
Birmingham in Alabama
256-303-8509

The Challenge

- “Male and female He created them” has been replaced by a confusion of exceptional cases.
- Aggressive re-characterization of the nature of the human person.
 - Academia, entertainment, law, and even at church.

Finally and above all, man has made stupendous progress in the domination and rational organization of the forces of nature, such that *he **tends to extend this domination** to his own total being; **to his body**, to psychical life, to social life, and even to the laws which regulate the transmission of life.* ~ Humanae vitae 2

The Challenge

- Understand the subject.
- Fluent in the language.
- No shocking surprises.
- Patient, but insisting upon the truth

Human Nature

- The human person: body and spirit together comprising a single nature.
- By our nature we are made for *the other*.
- Possessed of an intellect by which we can know the good, the true, and the beautiful.
- Possessed of a will by which we can choose the good, the true, and the beautiful; *the moral life*.

Human nature

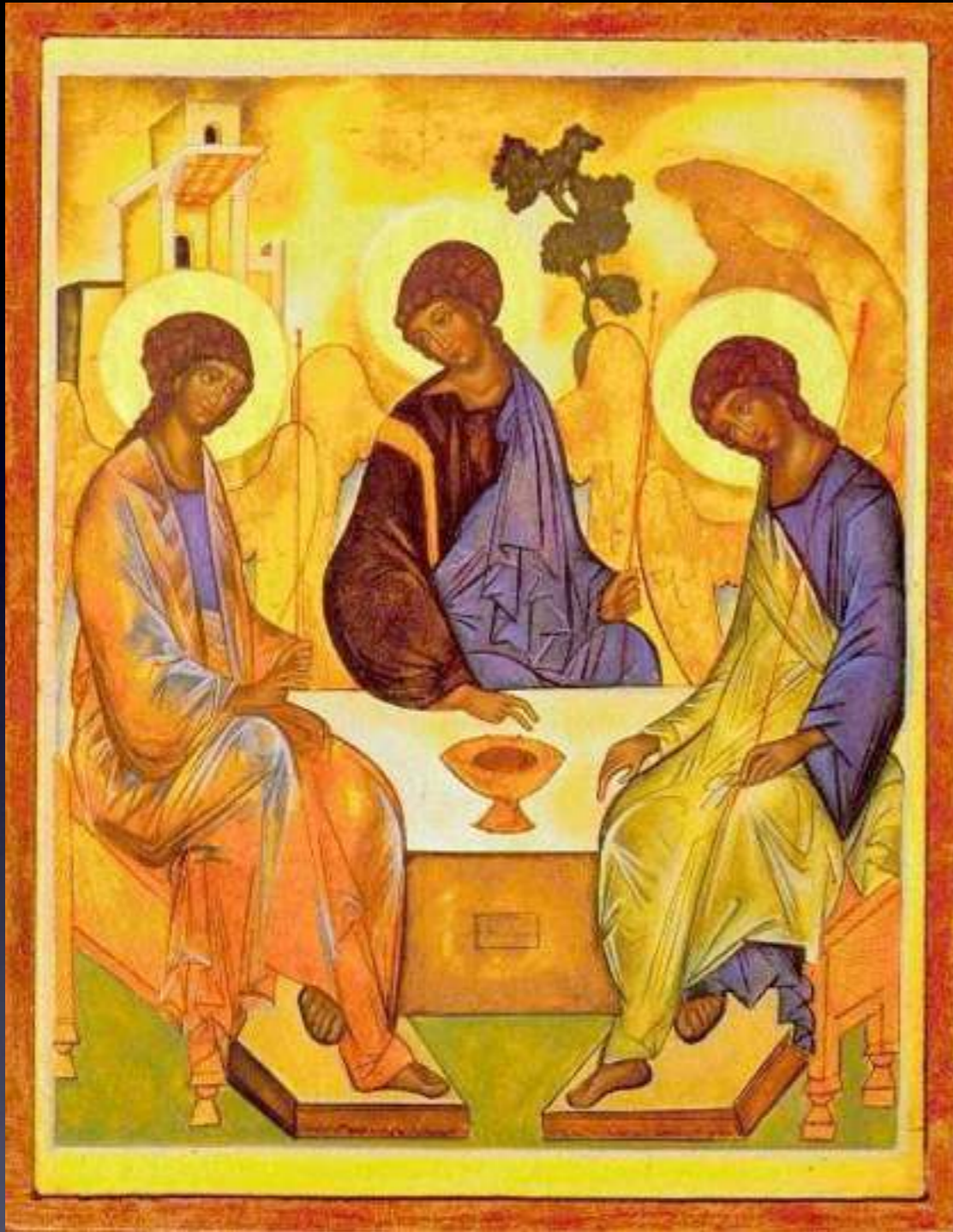
- The moral life: built upon foundational truths.
- Not arbitrary.
- Not repressive, but rather affirming of the intrinsic dignity of the person.

What is a human being?



Human Nature

- The human body
 - The “reproductive system”, and the fulness of humanity.
 - Dimorphism and complementarity.
 - The human family is in our nature.



The Image and Likeness of God

Human Nature

- Why must we consider first the *nature* of the human person?
- Defines the “end” of medical and surgical care.
- Human nature is that which is perfected by the life of grace.
- That which is perfectly realized in the Incarnation of Jesus Christ.

Modern “Gender”

- A confusion of biology, psychology, and political science.
- Use of biology to explain psychology
- Political terms to explain the emotional life.
- Shifting from biological determinism, to freedom of expression.
- Language of “science” counterpoised with rejection of scientific evidence as “tool of oppression”.

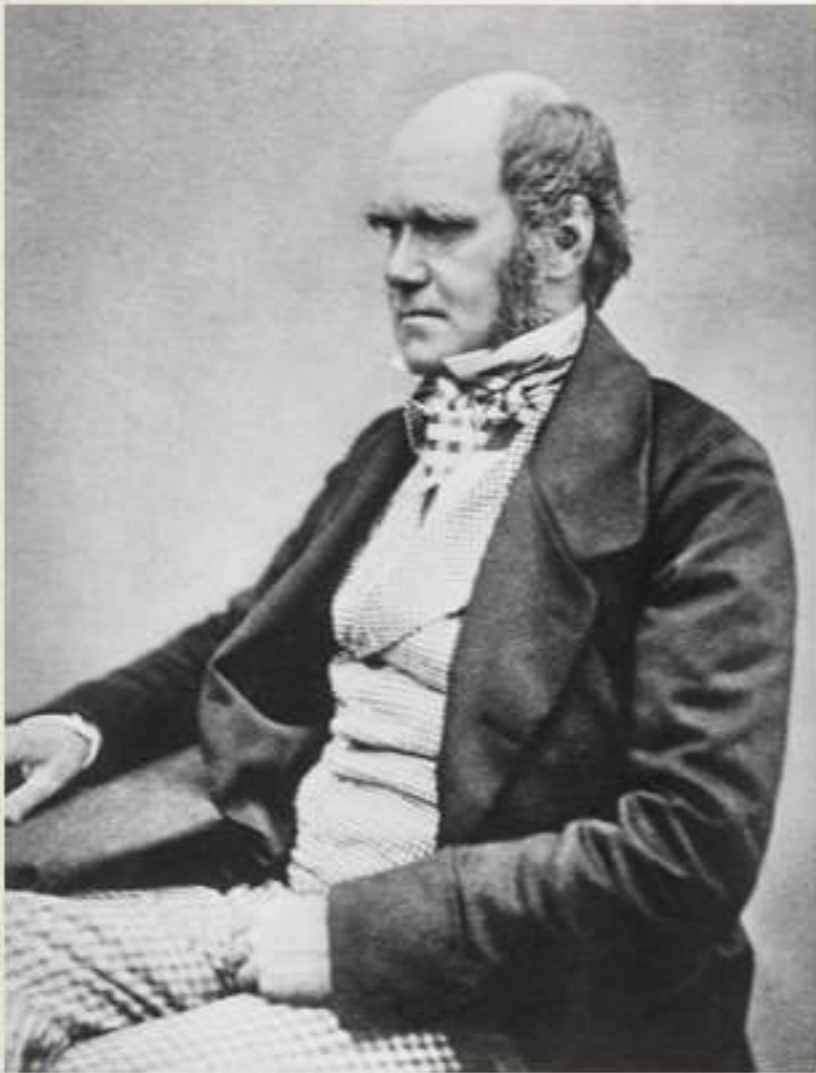
“Great Expectations”

- Science (separate from faith): A “pure” thing.
 - Deeper, “more evolved”
- Technology: domination of nature
 - Capability to modify the person in any way that “choice” demands.
- *Progress*: irresistible power of history leading to liberation from the oppression of the past. Transgenders no longer “outcasts”!

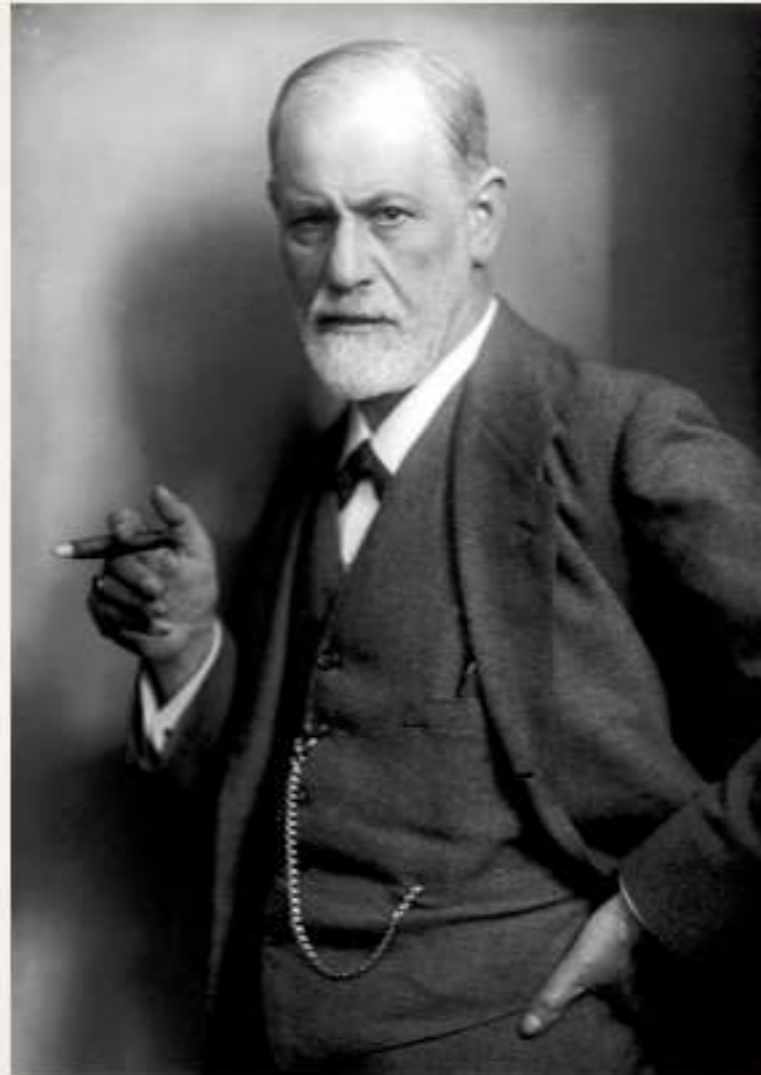
Transgender Language

- Outgrowth of “gender identity” principles.
- Relationship to the “sexual revolution”.
 - The divorce of the two aspects of human sexual union.
- Catholic anthropology vs. materialistic anthropology.

The 3 Stranded Rope



Charles Darwin



Sigmund Freud



Karl Marx

The human person is materially caused, materially driven, and his highest aim and happiness is materially defined.

Psychological Language

- Seeking to give a complete explanation of human behavior, without recourse to theology.
- Man as merely a particularly complicated animal.
- Inherent drives common to animal life.
 - Assorted coping mechanisms to deal with the frustration of those drives. Some are pathological = neurosis / psychosis
- “The Pleasure Principle” ~ Freud

Psychological Language

- The search for “pleasure” is the central instinct:
- Sexual pleasure seen as the zenith.
- The central element in character development:
 - Sexual drive, and sexual experiences are seen as the prime movers in the development of personality and social capacities.
 - Good (pleasurable) experiences = good personality development.

Psychological Language

- Human sexuality is viewed from the standpoint of the *one person, their needs*, and the satisfaction of those needs.
- Any moral perspective on human sexuality seen as an arbitrary social restriction, or “*taboo*”, without foundational truth.
- Belief that much psychopathology can be avoided by changing society, and ignoring moral questions.

Modern Sexuality Sumarized

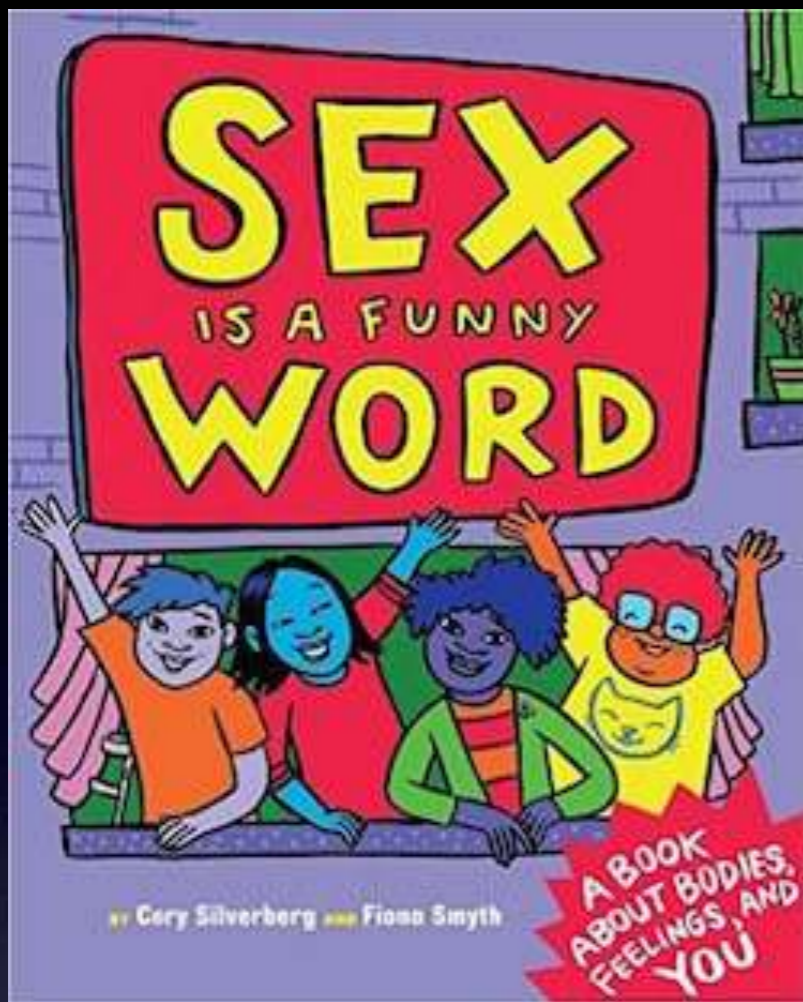
(Lappert's Axioms)

“Adult sexuality” is an endlessly variable, *personal* expression of *individuality*, the purpose of which is to produce joy for that person. It sometimes involves other people, and with alarming frequency, is known to produce other people.

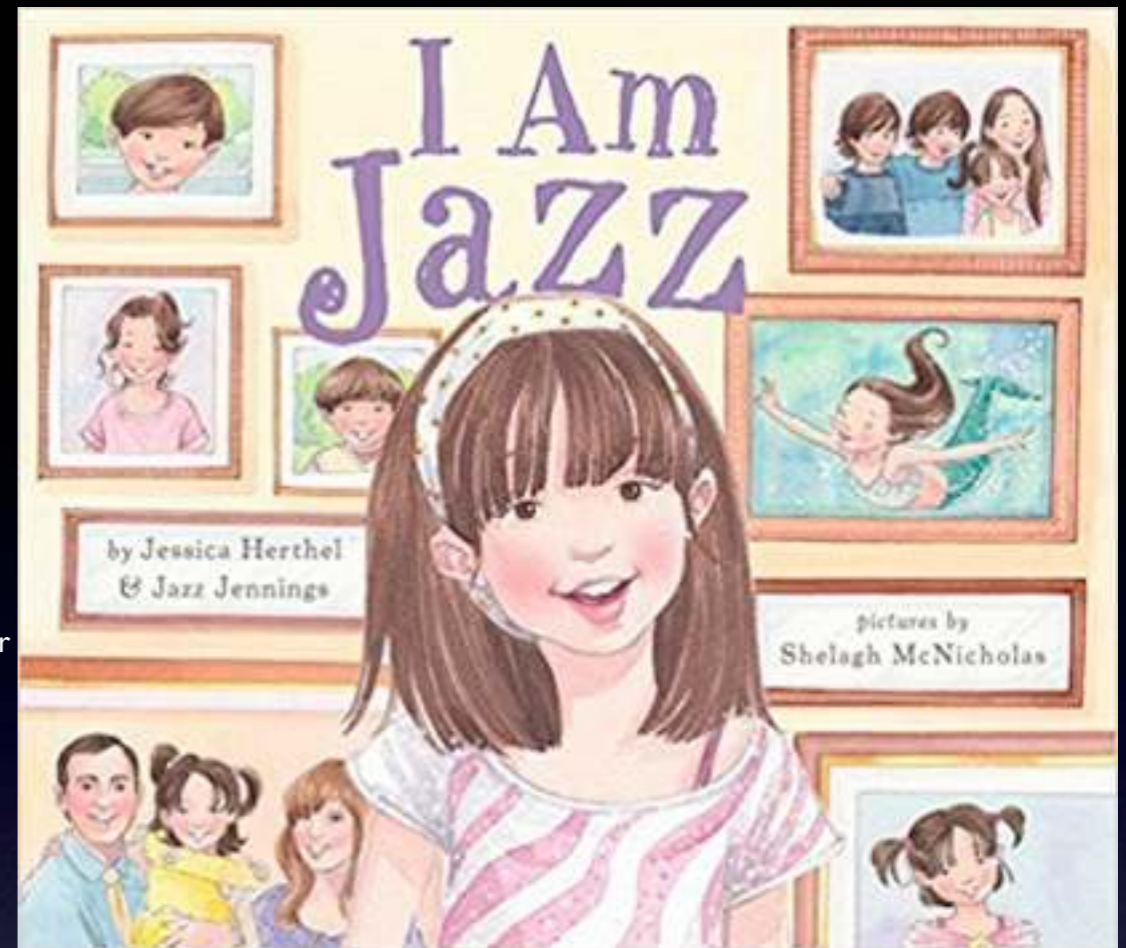
Modern Sexuality Sumarized

(Lappert's Axioms)

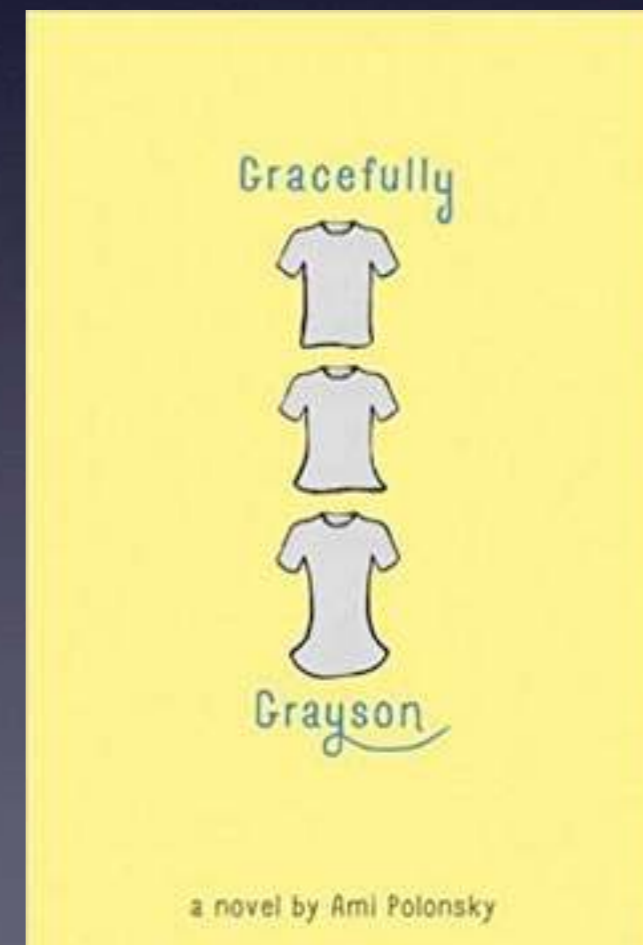
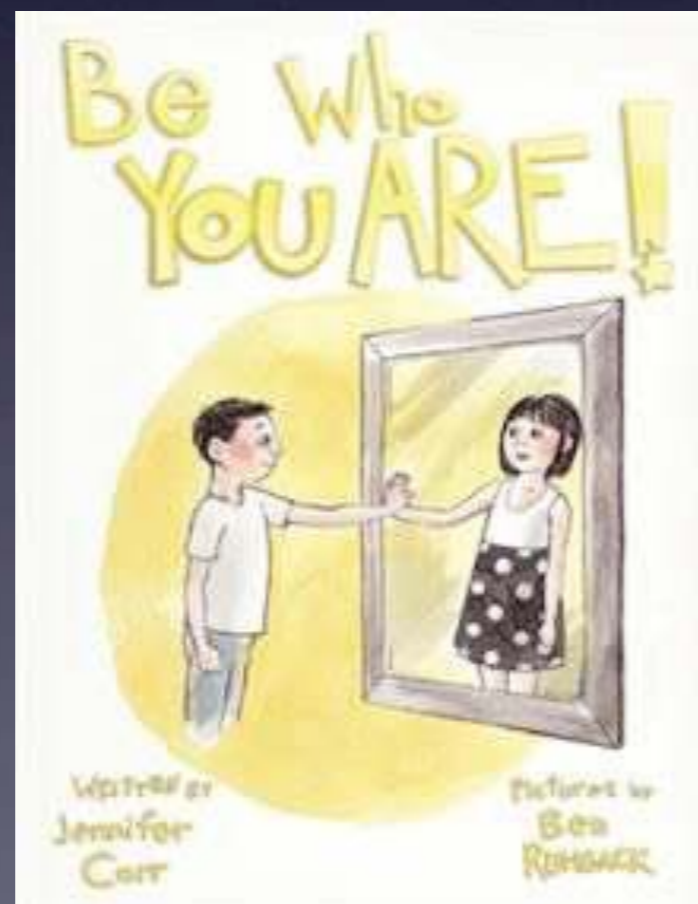
“Adult sexuality”, is the developmental result of “childhood sexuality”, just as adult language is the developmental result of childhood language. For this reason, it has become the habit of psychologists, and teachers to talk to children about “adult” sexual activity.



Recommended for
7- 10 y.o. children



Recommended for
4- 8 y.o. children



Recommended for
9 y.o. children



"I like to say that
I'm a girl stuck
in a boy's body."

Lia, age 9

#GrowingUpTrans

pbs.org/frontline

FRONTLINE

Shaping the Conversation, & Grooming a Generation



Pages

- Home
- Jazz In The News
- Who We Are
- Main
- Mission

Main

Mission

Support Us

News

Gallery

Links

FAQs

Contact Us

Search



Jazz Talks Dating With Barbara Walters 20/20 Update 2013

On a Special Edition of "20/20 Saturday," Jazz is a typical 11-year-old girl except for one thing, she was born as a boy.



Making Life Better with Plastic Surgery

- When you “don’t feel right, because something “doesn’t look right”.
- Aesthetics or Reconstruction

Managing the Unseen Wound

- Profound sorrow, anger, anxiety.
- Seeking a material (aesthetic) explanation and remedy.

Body Dysmorphic Disorders

- Broad category of disorders of misperception about physical appearance
 - Anorexia
 - BDD/ Aesthetic surgery patients
 - Seeking limb amputations etc.

Science

Neurophilosophy

The science and ethics of voluntary amputation

Should amputation be offered as a treatment to people suffering from Body Integrity Identity Disorder?

Mo Costandi

Wednesday 30 May 2012
13.07 EDT



Shares 107
Comments 74



Body Dysmorphic Disorder

- Type of Obsessive- Compulsive Disorder
 - Depressive presentation
 - Social isolation. “Outcast”
- Treatment
 - SSRIs, Cognitive-Behavioral Therapy

Gender Dysphoria

- The unhappiness associated with the condition because:
 - “I don’t look the way I know I should”
 - “The world does not accept me as I know I really am”
 - Social isolation due to:
 - Incongruous behavior
 - Secret life with associated shame.

Transgender

- Obsessive thinking with varying degrees of “dysphoria”
- Perceiving something that is not objectively there:
- Delusional thinking
- Errors of assumption

Criteria For Delusion

- Karl Jaspers in *General Psychopathology* (1913) The criteria are:
 - certainty (held with absolute conviction)
 - incorrigibility (not changeable by compelling counterargument or proof to the contrary)
 - impossibility or falsity of content (implausible, bizarre or patently untrue)

Co-morbidities:

- Alcohol and drug abuse, depression, incarceration, homelessness, high rate of suicidal ideation.
- Variable in Expression:
 - Private stress management by cross-dressing
 - Public, anonymous cross-sex persona, including sexual contact (sometimes prostitution).
- Transitioning in stages.

Biological Language

- Seeks to establish the material causation for the psychological instincts/ drives
 - Genetic, neuroanatomic, endocrine, etc.
- Seeks to understand the biological basis for “gender”
 - Sexual dimorphism/ polymorphism vs. social construct and learned behaviors

Biological Language

- “Evolution” words applied to human sexual functioning.
- Searching for the “adaptive advantage” of fruitless sexual activity.
 - The problem of reconciling a Darwinian view of the human person, and a putative inherited behavior that is annoyingly maladaptive.
- The hope: genetic trait of animal life would silence moral arguments.

Biological Determinism vs. The Moral Life

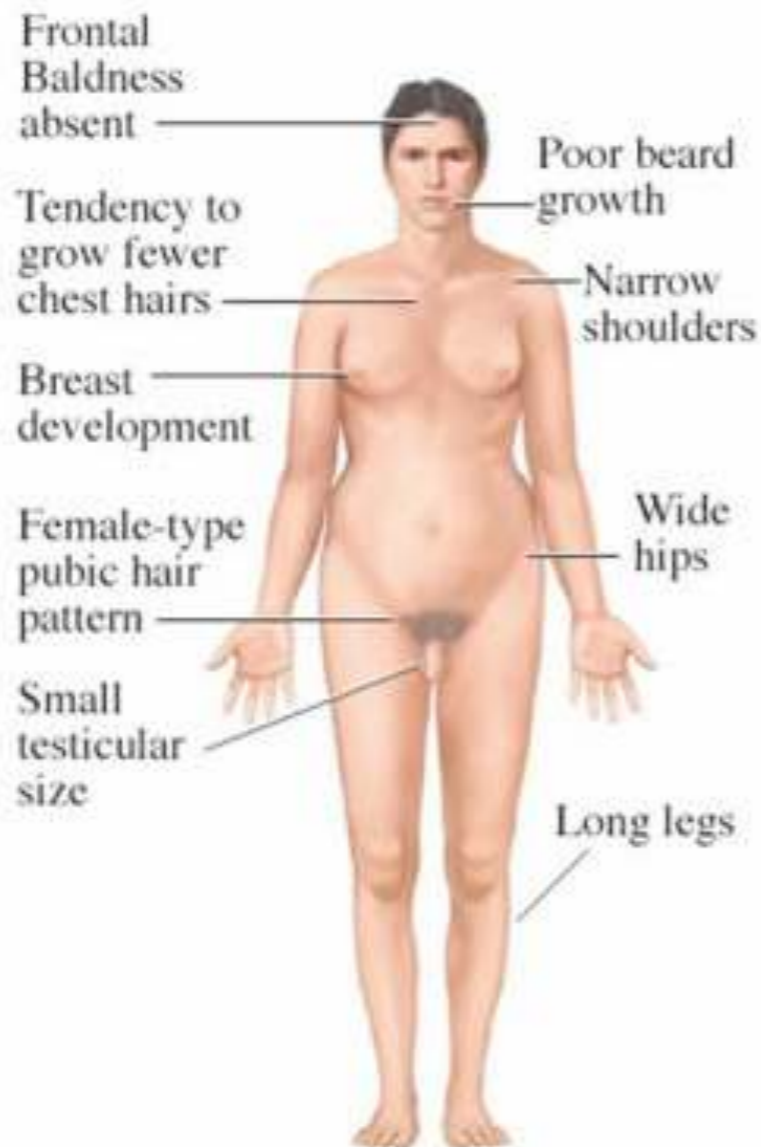


Biological Language

- “Isn’t there a genetic explanation for “transgender?”
- “We learned in school that there are many genetically caused examples of people who are somewhere in between “man” and “woman”.
- Klinefelter’s Syndrome
- Androgen Insensitivity Syndrome (AIS)
- “That is what I have. I am “intersex”, and I choose to be.....”

Biological “Intersex” (Hermaphroditism)

Klinefelter syndrome



- Lower IQ than sibs
- Tall stature
- Poor muscle tone
- Reduced secondary sexual characteristics
- Gynaecomastia (male breasts)
- Small testes/infertility

Clinical Support for Intersex Persons

- Multidisciplinary: Pediatrics, Geneticists, Pediatric Surgery, Urology, Psychology.
- Assessment: Including genital ambiguity, problems with voiding etc.
- Planning based upon “sexual assignment”.

Gender Assignment Surgery (ambiguous genitalia)

- Seeks to remedy structural problems that interfere with voiding.
- Seeks to establish an arrangement of tissue that would make sexual intercourse possible.
- Make reproduction possible only in cases of structural problems of shape, size, and patency.

So...is it biological?

- Genetic, like Klinefelter or ALS?
 - No genetic marker, no mutation.
 - Normal male or female karyotype
- Hormonal?
 - Hormone levels entirely normal for age/sex matched controls
- Anatomical?
 - Brain scans: MRI, PET Scan etc.
 - No structure/ activity that mimics opposite sex.

Nature v. Nurture

- Speculation among “sexologists” working in Intersex Clinics.
- “Gender Identity” is:
 - Malleable, or “fluid”
 - Socially determined
 - Typically produced by “repressive” processes

The “Science” of Gender



Dr. Harry Benjamin



Dr. Alfred Kinsey



Dr. John Money

Nature v. Nurture

- Difficulty in separating the vague and as yet not demonstrated genetic influences from social/ cultural influences.
- Database skewed by selection bias among genetically/ developmentally abnormal patients.

The Twin Study

- The “gold standard” for exclusion of biological determinism (genetic).
- Monozygotic twins raised in different social circumstances.

The Index Case



John Money, PhD

Sexologist in the Intersex Clinic
Johns Hopkins



- Convinces parents to raise their son as a girl.
- “Socialize” strenuously as a girl
- Castrate, and administer estrogen
- Ultimately use reconstructive surgery to produce a neo-vagina.

Published Results in “Peer Reviewed Journals”

- Papers and presentations based upon “long term follow up”.
- “Successful” in every way.
- Torrent of “scientific literature” re: gender roles/ identity etc.
- Political dimension



John Money, PhD

The Reimer Twins



“Brenda” Reimer



“Scientific” Basis of Gender Politics

- Gender “assignment” is a process of repression.
- Forces persons into “binary” model of sexual expression.
- Sexual expression is a form of political expression.
- “Dr. Money’s twin study proves this conclusively!”

Annual Visits to John Money, PhD

- Expected result further drives the intervention.
- Photographs them as he “instructs” them in “sex-play”.
- Fear and anxiety



Truth

- Was eventually given the truth at age 15.
- Enthusiastically embraces boyhood.



The Experiment is Ended

- Hormone replacement due to castration.
- Surgical efforts
- The silence of John Money, PhD



David the Man



Husband, and
adoptive father of
three children

David the Man

- Battle with depression.
- Financial difficulties
- Wife leaves him after 14 years.
- Brother dies of drug overdose.





David Reimer 1965- 2004

The Nexus

- Catholic Anthropology
- &
- Plastic/ Reconstructive Surgery

A Quick Review of Plastic Surgery

- The oldest form of surgery
 - Ear reconstruction- India
 - Nasal reconstruction- Italy
 - Restoration of the social outcast.

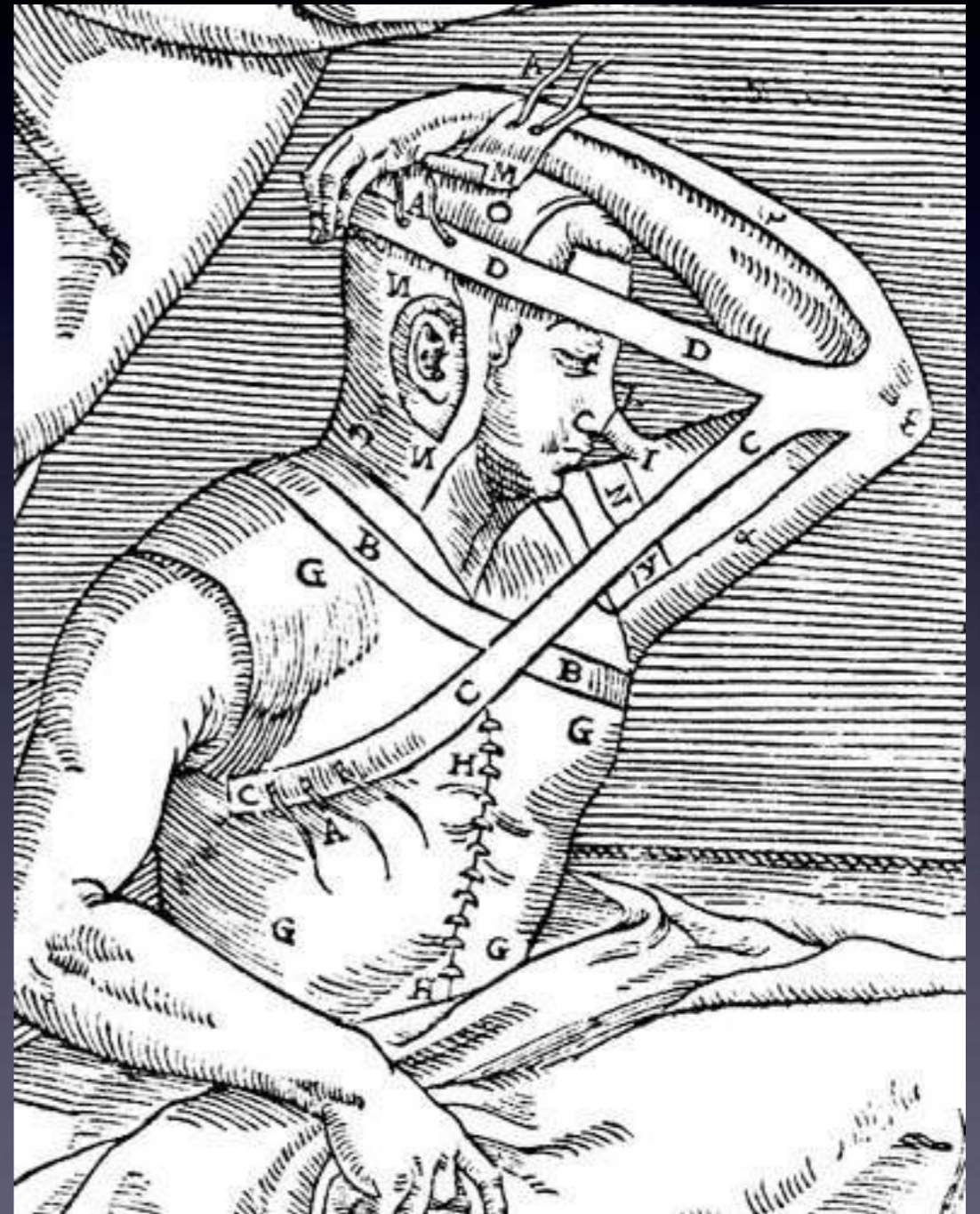


Sushruta- 7th Century BC India



The Mutilation
of Emperor
Justinian II
“Rhinotmetos”
695 AD

History-



Plastic & Reconstructive Surgery

- Basic Principles:
 - Establishment or Restoration
 - Form and Function
 - Based upon a thorough understanding of the nature of the missing or injured part, and its relationship to the person.
 - Directed at the “perfection” of the nature of the human person.

Restoration

- Lost due to trauma, or surgical management of malignancy, infection, etc.
- Missing at birth, due to developmental anomalies, or in-utero events.

Missing from trauma

- Adult male: traumatic amputation of non-dominant thumb
- Needs prehensile, helping hand with good grip and fine “key pinch” functions.

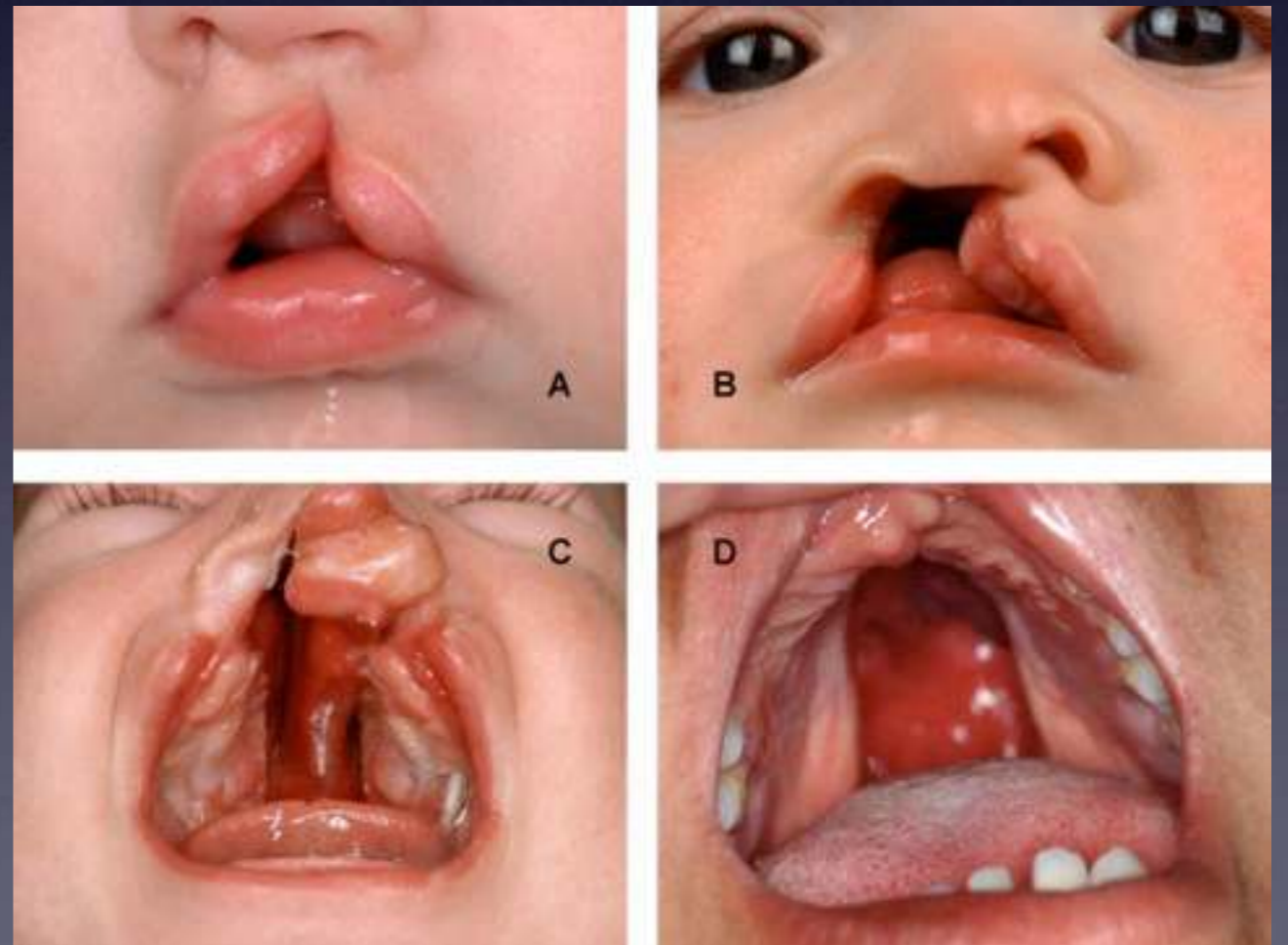


Restoration

- Degree of functional restoration is dictated by the intrinsic natural function of the lost part
- Hand:
 - Grasping, pinching, stabilizing, pushing, dominant vs. helping.
- Goals are tailored to the life of the patient

Congenital Cleft Palate

- Congenital malformation of the face with varying degrees of palatal integrity
- Feeding difficulty
- Speech problems
- Hearing problems
- Dental problems





The Cost of Reconstruction

- What will be lost, or compromised in the course of reconstruction?
- “Donor defect”.
- Risk vs. benefit

“Transitioning”

(Progressive Expression of Condition)

- Obsessive thoughts leading to compulsive behaviors.
- Interferes with living in the present moment.
- Managing anxiety by unhealthy means.
- Withdrawal, cross-sex dressing / acting in secret.

Transitioning

- Secretive, dysfunctional life leads to conflicts with family, and peers. Causes “dysphoria”.
- Psychological counseling: the broad and the narrow.
- APA: Presumes that “gender non-conforming” is the essential and true nature of the person, therefore health is to be found in giving full expression to the subjectively perceived persona.

Transitioning

- Psychological Testing of “maleness and femaleness” (objective standard).
- Cross-sex identity development: clothing, name, persona.
- Endocrine management
 - Puberty blocking in pre-pubertal children; cross-sex hormones.
- Voice training, hair management.

Endocrinologist



Wilma C. Rossi, MD,
MBE



Gender and Sexuality Development Clinic

CONTACT US

“Providers, patient and parents were ready to start hormone therapy with testosterone to help him align his body with who he had always known he was on the inside.”

“While gender-related healthcare can be expensive in the short term, it is recognized to lead directly to improved health outcomes and long-term cost savings.” ~CHOP

The Washington University Transgender Center

at St. Louis Children's Hospital

[Resources](#) [About Us](#) [What to Expect](#)

E-mail
314.454.KIDS (541)
800.678.KIDS (541)



cs.wustl.edu/transgender-center/#

“Your first visit to the Washington University Transgender Center at St. Louis Children's Hospital will take about 60-90 minutes. You'll meet with one of our physicians for an informational discussion about age-appropriate therapies (depending on if the patient has started puberty.) You may be referred to a mental health provider for ongoing psychosocial support and assessment, if indicated. Records from patient's primary care physicians should be sent prior to the first visit, so our doctors can review them for pre-existing conditions that may be affected by hormone therapy.”



Karen Hamon, BSN, RN, CDE

Pronouns: She, Her, Hers

Karen is a Clinical Nurse Coordinator in outpatient care at Washington University School of Medicine, Division of Endocrinology and Diabetes. She received her Bachelor's of Science in Nursing from Goldfarb College of Nursing, Saint Louis University. She also received her Master's of Science in Justice Systems with a minor in Sociology from Truman State University. Karen's prior experience includes staff nursing care in pediatric general medicine floor and as an inpatient diabetes educator at St. Louis Children's Hospital. She joined the Endocrinology and Diabetes Division in 2013 and has won two division awards since then. She is also currently a finalist for the 2022 St. Louis Children's Hospital Nurse of the Year. Karen is very passionate about social justice issues and jumped at the chance to be part of the Transgender Center.



Casey E. Lofquest, MSN, RN, CPNP

Pronouns: She, Her, Hers

Casey is a Pediatric Nurse Practitioner (PNP) in outpatient care at Washington University School of Medicine, Division of Endocrinology and Diabetes. She received both her Bachelor's of Science in Nursing and Master's of Science in Nursing (with a specialty in pediatric nursing), from Saint Louis University. Casey's prior experience includes staff nursing care in pediatric intensive care nursing. She practiced as a PNP in primary care in Arnold, MO, prior to joining the Endocrinology and Diabetes Division. Casey is very passionate about social justice issues and jumped at the chance to be part of the Transgender Center.



PHOTOGRAPHY BY GARA DYSON

Jessica, one of the center's patients, with Dr. Christopher Lewis

- Education regarding gender dysphoria and its possible treatments. Gender dysphoria refers to the distress that may accompany the incongruence between one's gender identity and one's assigned sex at birth.
- Administering pubertal blockers, which delay puberty and suppress unwanted and irreversible secondary sexual characteristics; for example, deepening of the voice and facial hair for transgender females and breast development for transgender males.
- Administering cross sex (gender-affirming) hormones that make a person's physical body match their gender identity. These may begin between the ages of 14 and 16 after patients meet readiness and eligibility criteria.

Puberty blocking drugs

Cross-sex hormones

Absence of medical evidence

Human experimentation

Irreversible effects on:

Fertility

Neuropsychiatric/ musculoskeletal development

Desistance data. 9% vs. 100%





Transitioning

- Surgery
 - Secondary surgeries: hair, forehead, nose, jaw, neck, breast. Euphemism: “Top Surgery”.
 - Definitive and final: castration and vaginoplasty, or hysterectomy / oophorectomy and phalloplasty. “Bottom Surgery”.



PSEN University: Gender Affirming Surgeries 101 - Webinar (Includes Gender Affirming 101 Series)

Member Price **\$250.00**

Non-Member Price **\$325.00**

Members Save \$75.00

In Stock

Login Required

To add this product to your cart, please log in.

 **Log In**

Product Description

Presented by: Loren Schechter, MD

About this Course :

This course is a live webinar CME course to be held on **April 18th 2018 at 7pm cst**. This course also includes the 2017 **PSEN University: Gender Affirming 101 for Surgeons - Video Series** which features ten webinar recordings from a

The Surgery

- Top surgery is largely reversible.
- Bottom surgery is irreversible. Fully functioning genital organs are mutilated in order to produce a counterfeit form.
- Form has primacy
- Function is destroyed (donor morbidity)

Grave Matter

- Willful sterilization destroys the procreative aspect.
- Simultaneous degradation of the unitive aspect.
- major loss of sensory apparatus, and persistence of the native neural “map” in the brain.

Grave Matter

- “Banking” of ova and sperm for future in vitro and proxy pregnancies.
- Objectification of children; the “right to a child”.
- Link between “reproductive technology”, & “gender affirmation medicine”.

Plea For Mercy

- Because self-identified transgender persons suffer greatly
- High rate of substance abuse.
- High rate of homelessness.
- High rate of suicide attempt:
 - 18yo - 55yo steady at approx. 40% risk.



"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights. Gender needs to be taught about in schools, the earlier the better. My death needs to mean something" - Leelah Alcorn

UK: 48% of trans people under 26 attempt suicide (2014)
US: 41% of trans people attempt suicide (2014)
Canada: 43% of trans people attempt suicide (2012)

The Appeal From Sentiment

DEATH BY EXTREME CHRISTIANITY



Carla Wood Alcorn

Doug Alcorn

LEXIE CANNES STATE OF TRANS

Conservative Christian Parents Triggers Trans Teen Suicide

Compulsion To “Mercy”

- “Everything must be done to help these persons live their new identity”
- Home, school, work
 - Names, pronouns, bathrooms, etc.
 - Health insurance directed toward transitioning, not treatment of OCD.
 - Attempts to diagnose and treat are labeled “hate speech”.

So...it is working,
right?

Evidence Based Medicine

- Over the years, many small retrospective studies.
- Inconsistent criteria for inclusion of patients and the selection of controls
- Much self-selection bias; high drop out rate.
- Small samples and short follow-up
- Varying degrees of “success”. Ranging from “improved in gender dysphoria” to continued elevated psychiatric hospitalization and suicide attempts and death.

The Swedish Study



- * Population cohort study over 30 year period.
- * Age and sex matched cohort.
- * Data from consistent national database.
- * Standardized reporting for identity change, hospitalization, psychiatric diagnosis and co-morbidities, and mortality.

The Swedish Study

Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden

[Cecilia Dhejne](#),¹ [Paul Lichtenstein](#),² [Marcus Boman](#),² [Anna L. V. Johansson](#),² [Niklas Långström](#),^{2,3} and [Mikael Landén](#)^{1,2,4,*}

James Scott, Editor

[Author information](#) ► [Article notes](#) ► [Copyright and License information](#) ►

This article has been [cited by](#) other articles in PMC.

Abstract

Go to: Go to:

Context

The treatment for transsexualism is sex reassignment, including hormonal treatment and surgery aimed at making the person's body as congruent with the opposite sex as possible. There is a dearth of long term, follow-up studies after sex reassignment.

Swedish Study

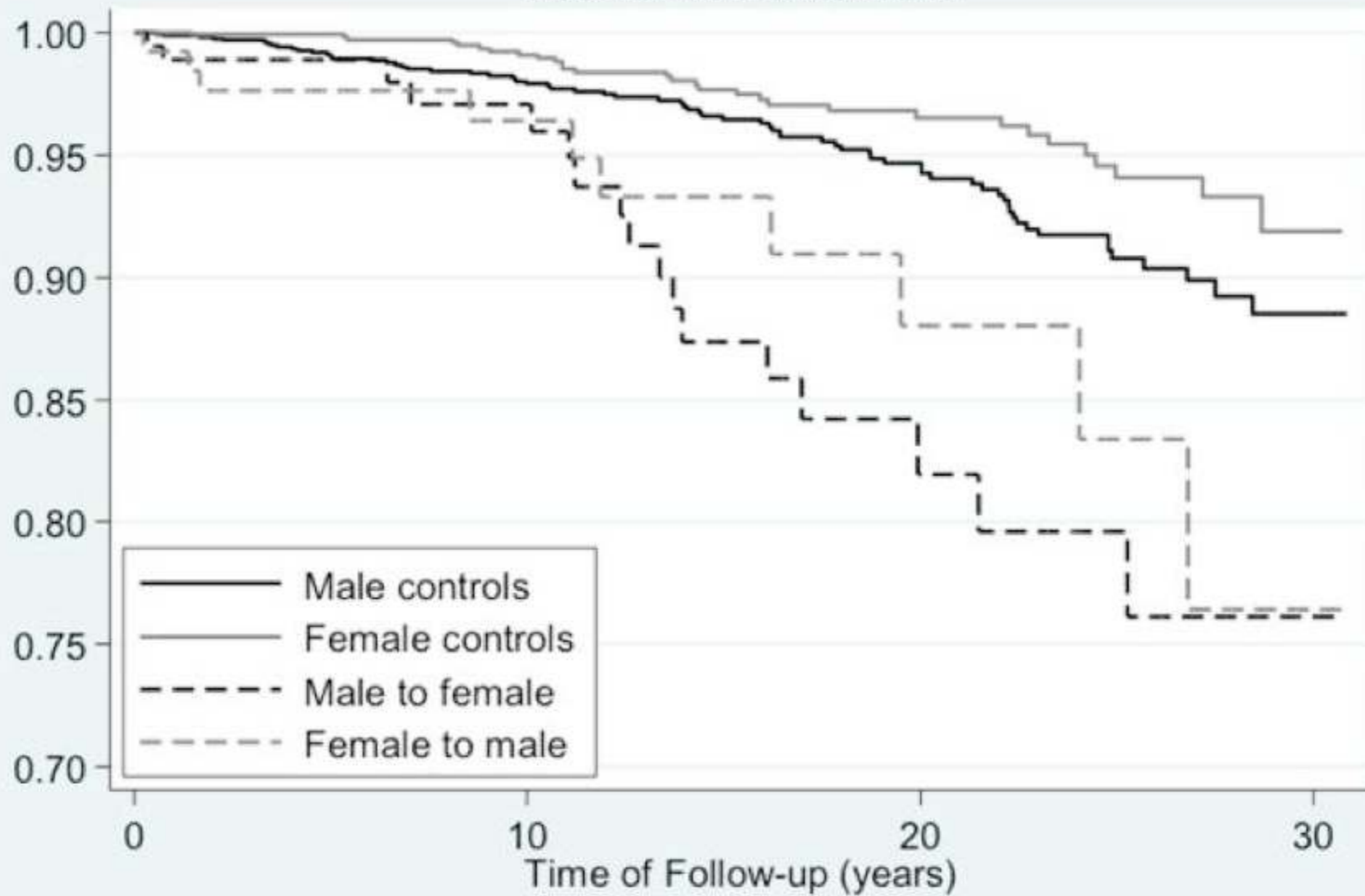
Table S1. Risk of various outcomes in sex-reassigned subjects in Sweden compared to population controls matched for birth year and *birth sex*.

Outcome	No. of events (male-to-female/ female-to-male)	Crude hazard ratio (95% CI)			Adjusted* hazard ratio (95% CI)		
		All sex- reassignment persons (N=324)	Male-to-female only (N=191)	Female-to- male only (N=133)	All sex- reassignment persons (N=324)	Male-to-female only (N=191)	Female-to-male only (N=133)
Any death	27 (17/10)	2.9 (1.9-4.5)	2.6 (1.5-4.5)	3.7 (1.8-7.7)	2.8 (1.8-4.3)	2.4 (1.4-4.1)	3.8 (1.8-7.9)
Death by suicide	10 (6/4)	19.1 (6.5-55.9)	13.9 (3.9-49.6)	40.0 (4.5-357.9)	N/A	N/A	N/A
Death by cardiovascular disease	9 (6/3)	2.6 (1.2-5.4)	2.3 (0.9-5.7)	3.2 (0.9-11.9)	N/A	N/A	N/A
Death by neoplasm	8 (4/4)	2.1 (1.0-4.6)	1.7 (0.6-4.9)	2.8 (0.9-8.5)	N/A	N/A	N/A
Any psychiatric hospitalisation‡	64 (43/21)	4.2 (3.1-5.6)	4.7 (3.2-6.7)	3.4 (2.1-5.6)	2.8 (2.0-3.9)	3.2 (2.1-4.9)	2.2 (1.3-4.0)
Substance misuse	22 (14/8)	3.0 (1.9-4.9)	2.8 (1.6-5.1)	3.5 (1.6-7.8)	1.7 (1.0-3.1)	1.5 (0.7-3.1)	2.3 (0.9-5.8)
Suicide attempt	29 (22/7)	7.6 (4.7-12.4)	15.4 (7.9-30.2)	2.9 (1.3-6.8)	4.9 (2.9-8.5)	10.4 (4.9-22.1)	1.9 (0.7-4.8)
Any accident	32 (19/13)	1.6 (1.1-2.3)	1.4 (0.9-2.2)	1.9 (1.0-3.4)	1.4 (1.0-2.1)	1.2 (0.7-2.0)	1.8 (1.0-3.3)
Any crime	60 (33/27)	1.9 (1.4-2.5)	1.2 (0.8-1.7)	5.6 (3.5-9.1)	1.3 (1.0-1.8)	0.8 (0.5-1.2)	4.1 (2.5-6.9)
Violent crime	14 (8/6)	2.7 (1.5-4.9)	1.8 (0.8-3.7)	9.9 (3.2-30.7)	1.5 (0.8-3.0)	0.8 (0.3-2.1)	7.2 (2.1-24.4)

Notes: N/A Not applicable due to sparse data. *Adjusted for immigrant status and psychiatric morbidity up to baseline. ‡ Hospitalisations for gender identity disorder were excluded.

Any Cause of Death

Matched on sex at birth



THE NEW ATLANTIS

A JOURNAL OF TECHNOLOGY & SOCIETY

~ SPECIAL REPORT ~

Sexuality and Gender

Findings from the Biological,
Psychological, and Social Sciences

Lawrence S. Mayer, M.B., M.S., Ph.D.

Paul R. McHugh, M.D.

NUMBER 50 ~ FALL 2016 ~ \$7.00

www.TheNewAtlantis.com

A study of the studies.

-Examination of 500 papers in:
epidemiology, genetics,
endocrinology, psychiatry, neuro-
science, embryology, and
pediatrics

“The scientific definition of biological sex is, for almost all human beings, clear, binary, and stable, reflecting an underlying biological reality that is not contradicted by exceptions to sex-typical behavior, and cannot be altered by surgery or social conditioning.”

~ Lawrence S. Mayer, M.B.,M.S., Ph.D.

“The notion that a two-year-old, having expressed thoughts or behaviors identified with the opposite sex, can be labeled for life as transgender has absolutely no support in science.

Indeed, it is iniquitous to believe that all children who have gender-atypical thoughts or behavior at some point in their development, particularly before puberty, should be encouraged to become transgender.”

~Lawrence S. Mayer, M.B.,M.S., Ph.D.



OPEN ACCESS PEER-REVIEWED

RESEARCH ARTICLE

Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports

Lisa Littman 

Published: August 16, 2018 • <https://doi.org/10.1371/journal.pone.0202330>

Instructions on lying

- “TL;DR find out what they want to hear if they’re gonna give you T and then tell them just that. It’s about getting treatment, not about being true to those around you. It’s not their business and a lot of time doctors will screw stuff up for you.”^a
- “...Get a story ready in your head, and as suggested keep the lie to a minimum. And only for stuff that can’t be verified. Like how you were feeling, but was too afraid to tell anyone including your family.”^b
- “I’d also look up the DSM for the diagnostic criteria for transgender and make sure your story fits it, assuming your psych follows it.”^c

Urgency to transition

- “...If you don’t do it when you are young. You’ll be miserable and unhappy with your body for the rest of your life.”^d

Vague and nonspecific symptoms called signs of GD

- “Signs of indirect gender dysphoria: 1. Continual difficulty with simply getting through the day. 2. A sense of misalignment, disconnect, or estrangement from your own emotions. 3. A feeling of just going through the motions in everyday life, as if you’re always reading from a script. 4. A seeming pointlessness to your life, and no sense of any real meaning or ultimate purpose. 5. Knowing you’re somehow different from everyone else, and wishing you could be normal like them...”^e

- https://www.reddit.com/r/asktransgender/comments/2nt8gi/having_a_psych_eval_soon/#bottom-comments
- https://www.reddit.com/r/asktransgender/comments/4agt76/is_it_best_to_be_completely_honest_or_lie_a/
- https://www.reddit.com/r/asktransgender/comments/4ihwar/what_things_should_i_never_tell_my_psychologist/
- https://www.reddit.com/r/asktransgender/comments/3gpb94/at_the_final_stage_of_questioning_need_some/#bottom-comments

- <https://transgenderteensurvivalguide.tumblr.com/post/62036014416/that-was-dysphoria-8-signs-and-symptoms-of>

Britain's Youngest Patient



Although Ms Cooper underwent a thorough psychological assessment and counseling at Hull Royal Infirmary prior to starting her sex change therapy she has suffered such torment living as a woman that she has tried to commit suicide twice.

RYAN T. ANDERSON

When Harry Became Sally

Responding to the
Transgender Moment

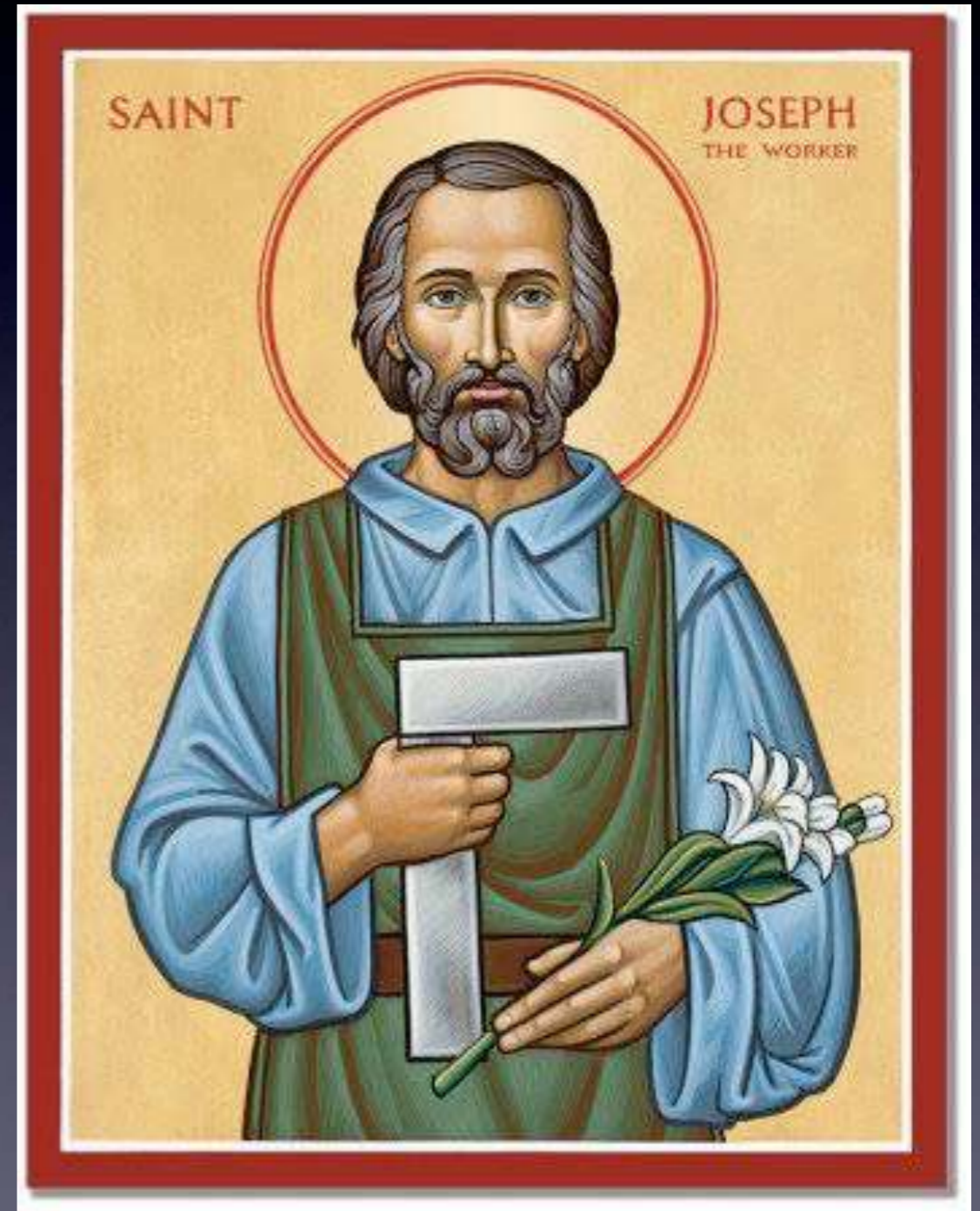
Summary

- Not a new condition. OCD w/ BDD.
- Psychological/ Spiritual wound.
- Ordinary childhood role playing being sexualized/ treated with puberty blockers!
- In many cases, permanently mutilating surgeries.
- A huge engine of public opinion, policy, and enforcement aimed at the family, and the church.

- Transgender persons are at high risk for abuse and self harm.
- Care must be based in a true human anthropology.
- Missteps must be anticipated
- Protection from “blind guides”.
- Fluency in the language, and knowledge about the erroneous science will permit witnessing with patience and fraternal love.

Let Us Pray

God our Father,
creator and ruler of the universe, in
every age you call man to develop and
use his gifts for the good of others.
With Saint Joseph as our example and
guide, help us to do the work you
have asked and come to the rewards
you have promised.
We ask this through our Lord Jesus
Christ, your Son, who lives and reigns
with you and the Holy Spirit, one
God, for ever and ever.
Amen







Let Us Pray

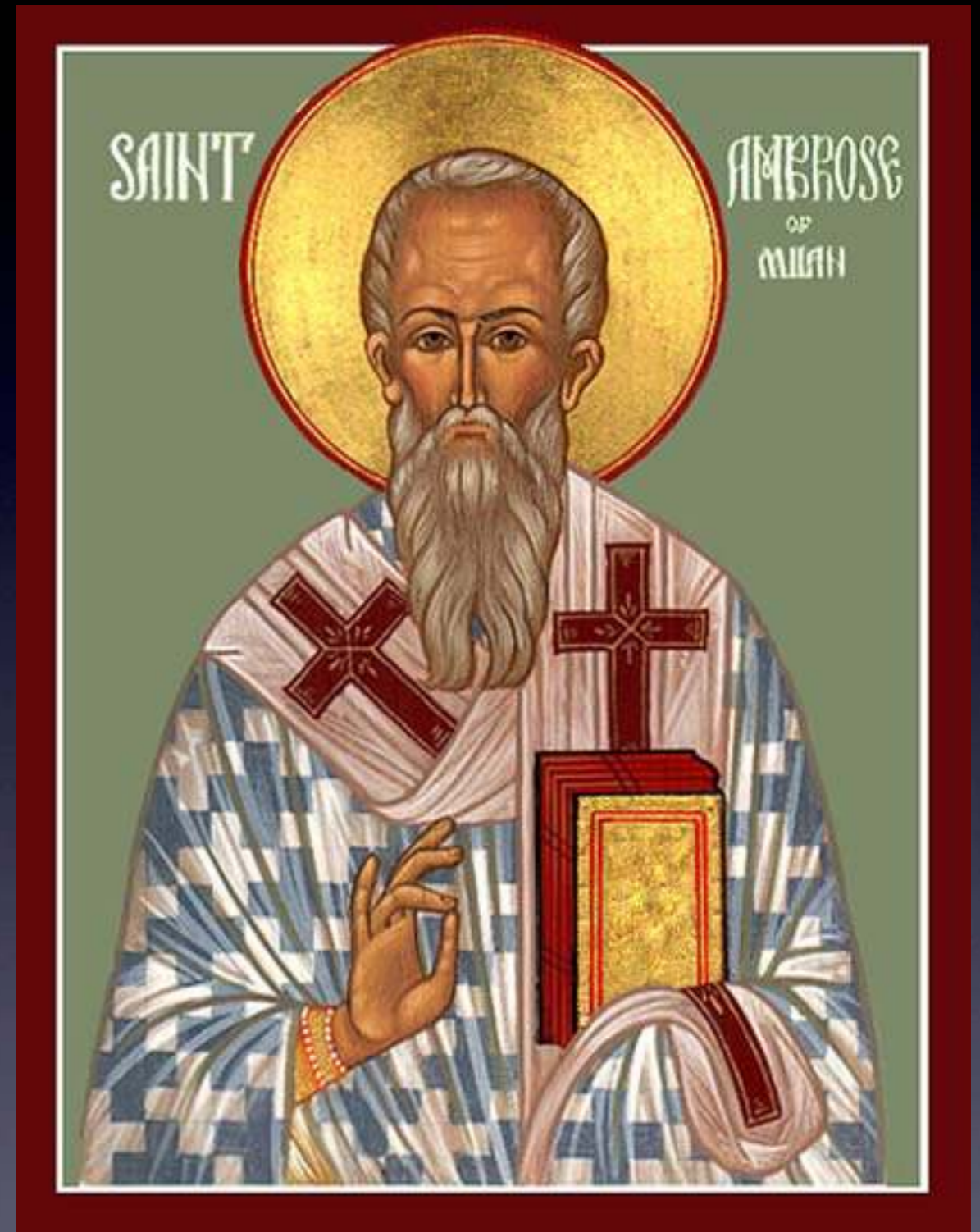
Oh glorious martyrs of Christ, Saints Cosmas and Damian, you gave your lives for the love of God, benefiting your fellow man, and crowning your martyrdom with an open and loyal profession of your faith. You taught us to love God above all things, and to love our fellow man as ourselves, professing always, and without fear, the religion of Jesus. Augmenting amongst the faithful populace many miracles, you are glorious indeed. Through your intercession, which brings about deliverance of these miracles, we pray to you for your aid in all things. May your patronage never be far from us in the illness of our body and soul.

Oh great protectors, Saints Cosmas and Damian, assist us with your love and free us from all evils.
Amen



Let Us Pray

Lord,
you made Saint Ambrose
an outstanding teacher of
the Catholic faith and gave
him the courage of an
apostle.
Raise up in your Church
more leaders after your
own heart, to guide us with
courage and wisdom.
We ask this through our
Lord Jesus Christ, your Son,
who lives and reigns with
you and the Holy Spirit,
one God, for ever and ever.
Amen.



Let us Pray

Almighty God, whose deacon
Vincent, upheld by you, was
not terrified by threats nor
overcome by torments:
Strengthen us to endure all
adversity with invincible and
steadfast faith; through Jesus
Christ our Lord, who lives and
reigns with you and the Holy
Spirit, one God, for ever and
ever.

Amen



St. Vincent of Saragossa

Let Us
Pray



殉教



God our Father,
source of strength for all your saints; you led Paul Miki and his companions
through the suffering of the cross to the joy of eternal life.
May their prayers give us courage to be loyal until death in professing our faith.
Through Jesus Christ, your Son, who lives and reigns with you
in the unity of the Holy Spirit, one God, for ever and ever.
Amen.

Let Us Pray

O God, almighty Father, you have consecrated us to the work of bringing our brothers and sisters to the life of grace; there to grow in that perfection of our nature which leads to eternal life.

Grant unto us ,O Lord, an unswerving devotion to the service of those suffering from wounds that keep them from that fullness of life which you intend for all of us.

Do not allow us to be mislead by the deceptions of a world that has lost sight of you, and help us to follow in the obedience of your Son, Jesus Christ, who lives and reigns with you in the unity of the Holy Spirit, One God, for ever, and ever.

Amen





transition surgery for first time

www.sexchangeregret.com



1947

From Male to Female and Back Again

2013

Sex Change REGRET

[Home](#)

[Things I've learned](#)

[Research I've found](#)

[Examples](#)

[Other Web Sites](#)

[Italiano](#)

[Bookstore](#)

Walt's Welcome

Intro to sex change regret 7 8 15



Reaching Out to Those
with Sex Change Regret

This is the book you
need in your hands



The Challenge

- Evangelizing people who are being relentlessly misled concerning human sexuality.
- In need of catechesis at all levels.
- In need of pastoral sensitivity to particular wounds.
- In need of the sacraments.



Bl. John Henry Cardinal Newman

Plea For Mercy

- For The Children!
- To prevent suicide!



Let Us Pray

O Mary, Powerful Virgin; thou art the mighty and glorious protector of the Church; Thou art the marvelous **Help of Christians**; Thou art terrible as an army in battle array; Thou alone hast destroyed every heresy in the whole world. In the midst of our struggles, our anguish, and our distress, defend us from the power of the enemy, and at the hour of death, receive our souls into Paradise.

Amen



Transgender Surgery and Christian Anthropology



Deacon Patrick W. Lappert, MD
Birmingham in Alabama
256-303-8509